KNOWLEDGE AND ATTITUDE REGARDING CANCER CERVIX AMONG THE WOMEN OF REPRODUCTIVE AGE GROUP

BY:

Mrs. Kanchana. S

A DISSERTATION SUBMITTED TO THE TAMIL NADU DR. M.G.R.MEDICAL UNIVERSITY CHENNAI IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING.

MARCH 2011
KNOWLEDGE AND ATTITUDE REGARDING CANCER CERVIX AMONG THE WOMEN OF REPRODUCTIVE AGE GROUP

Approved by dissertation committee on: __________________________

RESEARCH GUIDE: __________________________

Prof.(Mrs).S. Ani Grace Kalaimathi
MSc (N), PGDNA, DQA,Phd
Principal,
MIOT College of Nursing, Mugalivakkam.
Chennai, Tamilnadu

NURSE GUIDE: __________________________

Prof.(Mrs). S.Kanakambujam
MSc (N), M.Phil,Phd
Professor –HOD, Community Health Nursing,
MIOT College of Nursing, Mugalivakkam.
Chennai, Tamilnadu

MEDICAL GUIDE: __________________________

Dr.(Mrs.) V. Kavitha
Medical Officer, Tondiarpet
Chennai, Tamilnadu

A DISSERTATION SUBMITTED TO THE TAMIL NADU DR.M.G.R. MEDICAL UNIVERSITY CHENNAI IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

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DECLARATION

I hereby declare that the present entitled “KNOWLEDGE AND ATTITUDE REGARDING CANCER CERVIX AMONG THE WOMEN OF REPRODUCTIVE AGE GROUP” is the outcome of the original research work undertaken and carried out by me, under the guidance of Prof. S. Ani Grace Kalaimathi, Msc (N), PGDNA, DQA, PhD, Principal and Head of the Department Child Health Nursing, MIOT College of Nursing, Prof. S. Kanakambujam, Msc (N), M.Phil, PhD Professor, Head Of the Department community health Nursing, MIOT College of Nursing, Chennai, I also declare that the material of this has not formed in anyway, the basis for the award of any degree (or) diploma in this university (or) other universities.

KANCHANA.S
IIrd Year M.Sc Nursing

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I am grateful to my beloved parents, husband and family members for their constant support & encouragement

And I am grateful to all my friends who have supported to complete my study.
The topic of the study is to assess the knowledge and attitude regarding cancer cervix among the women of reproductive age group. A conceptual framework of the study was developed on the basis of Rosenstock Health belief model the study variable was women of reproductive age and hypotheses was formulated.

A quantitative research approach with non experimental descriptive design was achieved. The present study was conducted at Kundrathur village, Kancheepuram District, with a sample size of 100 women of reproductive age group who were selected through non probability convenient sampling technique. The investigator used a demographic variable performa and a structured questionnaire on knowledge and likert 4 point scale on attitude regarding cancer cervix among women to collect the data. The data collection tool were validated and reliability was established. After the pilot study the data was collected for the main study. The collected data were tabulated and analyzed using descriptive and inferential statistics.

The major finding revealed the distribution of demographic characteristics regarding age of the women 53 (53%) were in the age group between 31 – 45 years, 84 (84%) belonged to hindu religion, educational status 31 (31%) were in the primary level of education, The occupation of the husband 63 (63%) were mostly agriculturist, and majority of women regarding occupation of the women 74 (74%) were house wives, and the family income less than Rs 5000 were 85 (85%), majority of the women 93 (93%) were married, type of food 88 (88%) were both vegetarian and non vegetarian.

The distribution of personal history characteristics revealed that among women regarding age at menarche 74 (74%) were in the age group between 12 – 15 years, married women 54 (54%) at delivery 61 (61%) were
between 20 – 25 years of age, number of children women 55 (55%) were having more than two children, contraceptives users. majority of the women 78 (78%) were non users of contraceptives, health facilities utilized by women 53 (53%) in PHC, sources of health information about 55 (55%) received information from family and friends. and 37 (37%) 13 (13%) women had adequate knowledge regarding cancer cervix 58 (58%) women had moderate knowledge, 29 (29%) women had inadequate knowledge regarding cancer cervix. It is also noted that overall attitude score was 70.93 46 (46%) women had moderate attitude and 23 (23%) women had low attitude regarding cancer cervix. The study concluded that there is no significant association between demographic variables regarding cancer cervix among women of reproductive age group with the p value >0.05 level hence the hypothesis H1. was rejected and other variable like marital status that there is a significant association between attitude regarding cancer cervix among women of reproductive age group at p< 0.05 level. Hence the hypothesis was accepted and it also concluded that there was no significant association between personal history variable like age at menarche, age at marriage, age at first delivery, number of children, health facilities and sources of health information at p > 0.05 level hence the hypothesis H2 was rejected the other variable like contraceptive used was significant at P < 0.01 level and years of contraceptive used was at P< 0.05 level hence the hypothesis was accepted.

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CHAPTER- I

INTRODUCTION

“Stop the Global epidemic of chronic disease, prevent treat care”.
The voice of wisdom and experience tells us that one of the most important things in life is to be healthy and keep healthy. Good health and long life traditionally been the most prized god of mankind the enjoyment of the highest standard of health is one of the fundamental rights of human beings.

The women of India are silent and often visible group making up nearby half of the population performing more than work the woman drive and concern is security of the family and the presentation of life. The whole family is distorted when any illness affects women. Women need special attention and planning in their reproductive health.

In the modern world due to the advancement of science and technology the life expectation of the population has increased. A great number of people are living in older age and are at greater risk to chronic diseases of various kinds out of all chronic diseases cervical cancer plays a major role among women who are the vulnerable group and this cancer is considered to be fearful and dreaded disease among women.

Reproductive life is very personal, private and secret matter in our society. Women are often the silent sufferers of reproductive health problem that can be easily detected and prevented. Cancer cervix is a feared and dreaded disease for several reasons. It spells pain, agony, despair, gloom and death. It is curable and there is life after cancer. In the light of presence knowledge, early cancer detection and pre cancerous condition help to lead a healthy life.
World Health Organization (1997) had estimated that globally 51.3 million death occur due to cancer cervix. More than 7.12 million are estimated by the year 2010 and may go up to eight million another one year.

Cancer cervix is malignant neoplasm of the cervix uteri or cervical area it may present with vaginal bleeding, but symptoms may absent until the cancer is in its advanced stages.

Cancer cervix is the second most common cancer among women worldwide disproportionately affecting underserved population with an estimated 5, 24, 000 new cases in 1995 and 10 million global in 2000 and the growing adoption of unhealthy life styles.

In developing countries cancer cervix is considered the second most leading global burden among women about 452 thousand new cases per year. In India nearly 470000 women were affected by cervical cancer (Indian cancer Society 2005).

World cancer report is issued by the world health organization describing cancer cervix suggested (or) estimated 5 to 15 million new cases will be increased in the year 2020 among reproductive age group. In developing countries it is often the most common among women account for 80% of cases the global burden of the disease.

The natural history of cancer cervix follow a progressive course from epithelial dysplasia to carcinoma with multiple sexual partners, prostitutes, virgins cancer cervix is very common with linkage of sexual intercourse.
WHO study finds cancer cervix is also associated with early marriage, early coitus, child bearing and repeated child birth duration of oral pills use with use of oral contraceptives high in oestrogen with increasing risk factors.

The American cancer society provide the following list of risk factors for cervical cancer; Human papilloma virus infection, stress and stress related disorder, dietary factors, hormonal contraceptives, multiple pregnancies, exposure to the hormonal drugs, diethyl stilbestrol and family history of cervical cancer.

Cancer cervix is more common in the lower socio group’s probably with poor genital hygiene. Primary prevention of the cancer cervix is by improving personal hygiene in developing countries than Europe and North America. Cancer cervix was identified deadly, horrible often increased tremendous stress, emotions and physical suffering on both the patients and her family members.

In developing countries cancer cervix is considered the second most leading Global burden among women were about 4,52,000 new cases per year. In India 47,000 women were affected by cervical cancer (Indian cancer society 2005).

Cancer is the important global burden as well as the public health problem in India. The objectives of the National Cancer Control programme is prevention, early diagnosis and treatment. The New Strategy for the cancer cervix control programme is prevention of cervical cancer through screening that is see and treatment approach and teaching, training, treatment and evaluation activities at different level from periphery to the district level.
The population based cancer registry of Chennai for the year 2009 from Adyar cancer Institute showed that 27.8 % of female cancers were cancer cervix but 50,093 patients who were attended gynaec out patient departments at JIPMER hospital in Pondicherry, 5,25,000 were diagnosed as cancer cervix in 2008.

**Need For the Study**

Worldwide Cervical cancer is a leading cause of deaths among women and it also the second commonest cancer among women in the female genital tract in our environment. Globally cervical cancer is the most common cancer in women with an estimate of 440,000 new cases annually and 80% occurring in the developed and undeveloped countries (World Health Organization 2006).

Cancer cervix has been the most important cancer in women in India over the past two decades. Cancer cervix accounted for 16% of all cancer in women in the urban registries in 2005. The highest age specific incidence rate of 98.2 per one lakh for cancer cervix is seen in the 60 – 64 years of age group. Cervical cancer is the most women based cancer in India.

**Global**

Every year cervical cancer is diagnosed in about 5,00,000 women globally and is responsible for than 2,80,000 deaths annually. There is a wide variation in the incidence of cervical cancer across the globe.

In the west, early detection through regular screening has aided to significantly control the prevalence of this disease, and lowering of incidence. The last 50 years in United States pap smear test reduced the death related to cancer by three quarters. So the new cervical cancer cases occurs in developing countries like India, which reports
approximately one fourth of the world cases of cervical cancer each year. Even though there has been regular campaign against the cervical cancer for 30 years in India but this had little impact on the mortality and morbidity from the disease with India ranking fourth worldwide. The number of deaths due to cervical cancer to estimate to rise to 79,000 by the year 2010.

Global Statistics

<table>
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<tr>
<th>Region</th>
<th>Cases</th>
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<tbody>
<tr>
<td>Asia</td>
<td>2,35,000 Million</td>
</tr>
<tr>
<td>Africa</td>
<td>77,000</td>
</tr>
<tr>
<td>Latin America &amp; Caribbean</td>
<td>69,000</td>
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WHO 2007 estimation 7.6 Million people develop cervical cancer out of which 58 million deaths world wide and 20 million living with cancer world today and it is also estimated 10 Million in 2010 and expected cervical cancer cases about 15 Million in 2020.

In Urban areas cancer cervix account for the 40% of cases, while in rural areas with accounts for 65% of cancer cervix as per the information the cancer registry in Bakshi.

Indian council of medical research 2009 initiated a clinical cervical cancer registry programme such as PBCR & HBCR for the incidence places between the major cities such as Bakshi, Chennai, Delhi, Bhopal the important cancer among women is cervix and TCR estimate about 22.3/1,00,000 population to 23.5 in Bakshi and urban 16 percent and 70% Indian residents in rural population.

Tata Memorial Hospital (2009) estimated prevalence of cancer cervix in India is 2.5 Million with 8,00,000 new cases and 5,50,000 deaths per year. The communal site for
cancer in women in India is cervix and over 70% cases report for diagnostic treatment services in advanced stages of the disease resulting in poor survival and high mortality rates associated with lot of zeal and stigma in the country.

The cancer cervix mostly affect the middle aged women between 40 to 55 years especially those from the lower economics status who fail to carry out regular health check up due to financial inadequacy.

South India – 2006 the study estimates about 34% cancer in women is cervical cancer.

**India’s statistics on cancer cervix**

**Population**

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<td>Women at risk for cervical cancer (female &gt; 15 years)</td>
<td>3,66,580 Million</td>
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<td>Annual number of cervical cancer cases</td>
<td>33,44,020 Million</td>
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<td>Annual number of cervical cancer Deaths</td>
<td>72,825 Million</td>
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<td>Projected number of new cervical cancer cases in 2025.</td>
<td>20,37,570 Million</td>
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<td>Crude incident rates per 1,00,000 lakh population</td>
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Cancer Institute – Chennai (2005) states that cervical cancer account for more than half of the women in rural India and more than 80% are at high risk belonging to
the low socio-economic status with poor genital hygiene married in the early teenage and multi parous.

The investigator also noticed during her service in the community that the women in rural area had poor menstrual hygiene, it may leads to occurrence of cancer cervix, and the women were unaware of prevention and control of cancer cervix.

Hence this had stimulated the investigator to conduct the study to assess the knowledge and attitude of cancer cervix among women who were residing at Kundrathur village, Kanchipuram district, Tamil Nadu.

Statement of the Problem

A study to assess the knowledge and attitude regarding cancer cervix among the women of reproductive age group residing at Kundrathur –Chennai.

Objectives of the study

1. To assess the knowledge and attitude of cancer cervix among the women of reproductive age group.
2. To correlate the knowledge and attitude of cancer cervix among the women of reproductive age group.
3. To associate the knowledge of cancer cervix with selected demographic variables.
4. To associate the attitude of cancer cervix with selected demographic variables.

Operational definition:
Knowledge

In this study knowledge refers to the understanding of women regarding cancer cervix as elicited using structured questionnaire devised by investigator.

Attitude

Attitude refers to the women’s thinking and feeling regarding cancer cervix as elicited by four point likert scale devised by investigator.

Cancer Cervix

In this study it refers to the abnormal purposeless and uncontrolled division of new cells in cervix and it is the commonest site of cancer among women.

Women of Reproductive age

In this study Women of Reproductive age refers to the women’s age between 25 to 45 years.

Assumption

- Women are not having adequate knowledge on cancer cervix.
- Women’s knowledge & attitude on cervix cancer may vary with selected demographic variables.

Hypothesis
There is a significant association between knowledge and attitude of cervical cancer with selected demographic variables.

There is a significant association between knowledge and attitude of cervical cancer with selected personal history variables

**Delimitations**

- The study was limited among women of reproductive age group.
- The period of study limited to six weeks.

**Projected outcome**

- The study help to find out of the knowledge, attitude of women regarding cervical cancer,
- Based upon the results of the study the investigator may give suggestion for further medical assistance like screening measures.

**CHAPTER II**

**REVIEW OF LITERATURE**

The review of literature was conducted to generate a picture of what is known and known about a particular situation. Relevant literature refers to those sources that are important in providing the in depth knowledge needed to make changes in the study
selected problem and collect information for lying the formation and foundation of the study.

Literature related to knowledge and attitude

Peters LM, et.al (2010) conducted a comparative study on advanced cervical cancer and interviewed 98 women from screening clinic 49 from cancer treatment clinic. The study revealed that women in the screening clinic had higher socio economic levels, as shown by more education and knowledge than women in the new - patient clinic. The study concluded that Educational Program focus on the importance of cervical screening in rural remote areas of Tanzania may have a positive impact on the early detection and identification of patients at early diseases stages.

Saudi Meds (2009) - conducted a descriptive study to create awareness on cervical cancer among 50 women and revealed that there is a need for education and promotion of cervical cancer in this population. The study concluded health education on cancer cervix will create among the population.

Gilbert G.G Donders, et.al,(2009) The study Conducted to assess the knowledge on HPV vaccine, cervical cancer awareness and acceptance of HPV vaccination among women the questionnaire were filled by 305 women on knowledge about HPV as a cause of cervix cancer and the presence of awareness rose from roughly 50% in 2007 over 80% in 2008. The study reveal that level of education and having Daughters, sons (or) Two Children no longer influenced the level of knowledge (or) willingness to accept the vaccine. The study concluded younger and lower educated women had dramatically need improvement in the level of knowledge about HAV vaccination among women.
Mishra J.S.SrivastavaIndian J, Cancer, et.al,(2009) the epidemiological study on the Role of risk factors in cervical cancerogenous and strategies for control of disease have been assessed from cytological data from above 35 years of age among women on hospital based screening in Tillman in north India. The study revealed that squamous intraepithelial lesion and carcinoma was found to be 7.2% and 0.6% referral study revealed in cervical cancer generic sexually transmitted disease & human population and herpes simplex in a lightly affected with SIL cases. The study concluded that demonstrating cervical cancer in the early stages of cancer cervix in developing countries like India should coincident in all women of high priority in respect of age among women above 40 years.

Saudi Meds, et. al,(2009) The study assessed on the attitude and knowledge related to cervical cancer and its screening and preventive measures among women living in the kingdom of Saudi Arabia. The study conducted for six hundred randomly selected women from different groups in the general population in Jeddah. The study revealed knowledge and attitude of the human papilloma virus (HPV) as an etiological agent or cervical cancer 72(14.4%) HPV vaccine by 49(9.8%) 338(67.6%) aware of the pap test, however only 84%(16.8%)had undergone the test main reason is lack of awareness. The study concluded there is a need for education on cervical cancer in the population.

Sarafi M.Mohamed FA,et.al,(2009) conducted a descriptive study on knowledge and attitude regarding cervical cancer among Kuwaiti women. A total of 300 married Kuwaiti women were randomly selected among them 220 prefer docile to conduct test (Pap test) to study revealed that level of education was only significant
particularly to cervical test the study concluded interactions between target women and existing social groups need more education on screening.

American cancer society (2009), estimates cervical cancer in the counted states about 11,270 new cases increased and will be diagnosed that 4070 women will die from cervical cancer.

Papa D.Mooresimas TA, et al,(2009) The comparative study on knowledge on risk of human papilloma virus before and after an educational intervention. The study conducted at the time of their annual gynecologic examination by comparing of pre and post education among them 771 percentage pre education given on taking for HPV testing 27 post education given on HPV testing study suggested future cervical cancer diagnosis 38% positive cases among Women above 38 yrs are willing to have adjunct HPV testing with education. The study concluded education improves knowledge on HPV Cancer screening measures.

US National cancer Institute (2008), estimated 3,870 women in the US would die of cervical cancer and around 11,000 new cases are excepted to be diagnosed.

Duffel, et.al (2008) conducted a descriptive, correlational, crossectional study suggested using the theory of planned behavior finding on [pap smear test] indicated that social norms and perceived behavioral control were significantly related to young women intentions to be screened and study revealed and concluded strategies to promote cervical cancer screening among young university women need to recognized the input on social norms and perceived barriers on pap screening intentions in this population.
Hoque m, et.al (2008) the study on Cross sectional population based on descriptive study was undertaken at a rural community of south Africa targeting women 30 yrs and over. 14.9% perceived themselves to be susceptible while 2.6% had ever screened for the disease. The study revealed awareness on cervical cancer and its predisposing factors was high, the perception of self – vulnerability and utilization of screening services were extremely low. The study concluded intense and integrated educational programs are urgently needed for this group.

Akujobi Cn et al, (2008) The descriptive study to assess the knowledge and attitude on cervical cancer screening among female undergraduates. A pre tested questionnaire was administrated to third and fourth year female students of the faculty of natural sciences, Nnamdi Azikiwe university Awka, Nigeria.

With 220 students involved in the study age ranging from 17 to 39 years. The study revealed About 2/3 of the students did not know about pap smear and none of them had undergone a pap screening test before. This concluded that low participation in screening for cervical cancer as attributed to several reasons including ignorance of the existence of such a test, lack of awareness of centers ignorance of the importance of screening and the risk factors to the development of cervical screening.

Roy B, et al, (2008) study on cervical cancer screening in Kolkata, among women attending a women's health clinic in Kolkata, The study revealed for assessing 299 women from a gynecology clinic in Kolkata and completed a questionnaire assessing demographic information; health care history; pap test utilization and knowledge, beliefs and attitudes about cervical cancer and screening. The study concluded need to increase cervical cancer awareness in the community and to develop community based screening
programs and to improve participation with a view to prevent cervical cancer by early
detection and treatment of the pre-malignant stages.

The American cancer society 2008 suggested the following list of risk factors for
cervical cancer; Human papilloma virus infection, stress and stress related disorder,
dietary factors, hormonal contraceptives, multiple pregnancies, exposal to the hormonal
drugs, diethyl stilbestrol and family history of cervical cancer.

United Arab Emirates (2008) study suggested that the attitude towards cervical
cancer and participation in early detection and screening are well known to be affected by
cultural norms. Success of cervical screening initiatives depends on high participation of
target population which in turn determined by women’s participation of the target group.
Cancer is the leading cause of death in the UAE and concludes a national programme for
cervical cancer screening need to be implemented in the population.

South Eastern Nigeria (2007) Study suggested about the knowledge and attitude
among female students of a tertiary institution and revealed that cervical cancer is the
second cancer commonest among females and concluded that it can be prevented by early
detection by cervical screening.

Santkaranarayanan, et al., (2007) had conducted a study to assess the
effectiveness, safety and acceptability of “see and treat” with cryotherapy by nurses in a
cervical screening in, India. In that 2513 women were offered for see and treat procedure,
in which 1879 (74.8%) were accepted cervical Intraepithelial Neoplasia (CIN) treated
with cryotherapy, 1026 repeated for follow up evaluation. Cure rates were 81.41% (752
out of 924) for women with CIN; 71.4% (55 out of 77) for CIN2 and 68.0% (17 out of
25) for CIN3. Minor side effects and complications were documented in three percent of
women. They have revealed “see and treat” with cryotherapy by nurses under medical supervision is acceptable, safe and effective for cervical cancer prevention in low resource setting.

Klug, re al., (2007) had conducted an epidemiological study on prevalence of canver cervix among 8,101 women, whose age is above 30 years. Self referring for cervical cancer screening were enrolled in two study centers in Hanover (Northern Germany) and Tringer (Southern Germany). Participants were screened by the pap smear. Most women in the study population had a negative pap smear (96.7%)

Roughooputh and Kachaliya (2007) had conducted a retrospective study on cervical and human papilloma virus among slum dwellers in India. At most half a million new cases of cervical cancer are diagnosed each year world wide. Human papilloma virus is recognized as one of the leading causes, and is associated with 90% of cases; other risk factors (early age of first sexual contact, number of sexual partners, multiparty, diet, genetic predisposition and environment) are also associated with cervical cancer. They releved that onlty 33% of the cancer patients studied were positive with high grade Human Papilloma Virus DNA.

Nene, et al., ( 2007) had conducted a study to assess the determination of women’s participation in cervical cancer screening trail in Maharastra. The randomized controlled trail was initiated to evaluate the efficacy and cost effectiveness of visual inspection with acetic acid, cytological screening and testing for human papilloma virus in reducing the incidence and mortality from cervical cancer. The study revealed that irrespective of test being used, goof participation levels for cervical cancer could be active strategies.
Galceran, et al., (2007) had conducted a study to assess cancer incidence in AIDS patients in Catalonia, Spain. The incidence of cancer among AIDS patients is increased. The study concluded that the rates of cervical cancer, liver cancer and lung cancer were linked to HIV infection.

Sigurdsson, et al., (2007) had conducted a population based cervical cancer screening among women with the age group of 20 years in 1988 to analyze the age specific incidence and distribution of stage and histology of invasive diseases among younger women and indicates the benefit of starting organized screening programme for two to three years intervals for a woman after 20 years.

Saraiya, et al., (2007) had conducted a study to assess the cervical cancer incidence in a pre vaccine era in the United States to report the incidence of cervical cancer by geography, race or ethnicity and histology. The rates of invasive cancer per 100,000 females declined from 10.2% in 1998 to 8.5% in 2002. Incidence rates by state ranged from 6.6 to 12.3 per 100,000. They concluded that the higher rates of cervical cancer persist among women in the south and women who are African American or Hispanic.

Rao, et al., (2007) had conducted a community based cross sectional study among married women in the age group of 35 – 59 years in two villages of Udipi district, Karnataka, India. Two ANMs were trained in history taking, visual inspection of the cervix by using of speculum and collecting papanicolaou smears. A total number of 1402 women were registered by the ANM could identify 368 (26%) women with symptoms. The study revealed that the ANMs if trained would be capable of identifying
symptomatic women, differentiating a normal cervix from an abnormal one and taking an adequate smear for cytological examination.

Can bell et al., (2006) had conducted a comparative study on cervical screening incidence and mortality between Australia and United Kingdom. The screening participation rates in 2001 were similar in two countries, at 88% in Australia and 90% in United Kingdom. The study revealed that the similar reduction in cervical cancer incidence and mortality were achieved in Australia and United Kingdom.

Chung, et al., (2006) had conducted a study on cervical cancer incidence and survival rates of patients in Korea. A total of 44,182 patients diagnosed with cervical cancer between 1993 and 2002 were reported to the Korea central cancer Registry. The study revealed that the introduction of cervical cancer screening and effective treatment may have contributed to the improved relative survival.

Aggarwal, et al., (2006) had conducted a study on screening in Chandigarh, 472 samples were screened. In which 174 (36.8) women were tested positive for high risk HPV DNA, 39 (8.2%) entire cohort tested positive for high risk HPV. 15 samples were positive for type 16, 22 for type 18 and two for both types 16 and 18 no association of HPV prevalence was noted with age, parity and age at marriage.

Misra and Singh (2006) had conducted a study on cytological screening in 27,062 symptomatic women attending gynaec and family planning O.P.D of Queen Mary’s Hospital, Laknow, India. The investigation in different risk factors involved in cervical carcinogenesis revealed that the incidence of cancer cervix showed a rise with increasing age and parity and prolonged sexual period. The incidences of both cervical
cytopathology were also higher in women of low socio economic status while religion was found to have no bearing on the occurrence of the disease. The study emphasized for the need of proper education to women of low socio economic class for creating awareness regarding hazards and risk factors of cervical cancer as well as management and cure of the disease.

Patil, et al., (2006) had conducted a hospital based group matched case study to devise a risk scoring system for the prediction of cancer cervix at the gynecology clinic, Govt. medical college hospital at Nagpur in India. The study consisted of 230 samples of cancer cervix and equal number of controls, group matched for age. The study revealed that five risk factors, illiteracy, poor genital hygiene, long duration of married life, multiparty, and early menarche were identified to be significantly associated with cancer cervix.

Mutyaba T, Et al (2006) suggested that cervical cancer is the commonest cancer of women in Uganda. Conducted descriptive cross-sectional study sample of 310 among the medical workers of mulago hospital. Including nurses, doctors and final year medical students were interviewed using a questionnaire and measured knowledge about cervical cancer: (risk factors, eligibility for screening and screening techniques, knowledge and attitudes towards cervical cancer screening. Response rate was 92% (285) of these, 93% considered cancer of the cervix a public health problem and knowledge about pap smear was 83% among respondents. Less than 40% knew risk factors for cervical cancer, eligibility for and screening interval of the female respondents 65% didn't feel susceptible to cervical cancer and 81% had never been screened of the male respondents, only 26% had partners who had ever been screened only 14% of the final year medical students felt
skilled enough to use a vaginal speculum and 87% had never performed a pap smear. The study revealed that knowledge of the gravity of cervical cancer and prevention by screening using a pap smear, knowledge and attitudes towards screening were negative. The study concluded that there is a need to explain/understand the cause of these attitudes and practices and identify possible interventions to change them. Medical students leave medical school without adequate skills to be able to effectively screen women for cervical cancer wherever they go to practice. Medical students and nurses training curricula needs to review to incorporate practice skills on cervical cancer screening.

National cervical cancer coalition (2005) identified that Cervical cancer is an alarming woman's health in developing countries, killing 2,00,000 women.

These statistics disheartening given the wide availability of pap smear screening programs studies have also revealed that knowledge, attitudes about pap smear test appeared to be related to actual particularly in cervical cancer screening, women’s knowledge and attitudes of the pap smear test were shown to be the strongest predictors of repeated screening therefore a face to face in depth interviews to investigate the knowledge.
Conceptual Frame Work

Rosenstock (1974) and becker and maiman’s(1975) health belief model addresses the relationship between a person’s belief and behavior. It provides a way of understanding and predicts how an individual will behave in relation to their health and how they will comply with health case therapies.

The first component in this model involves the individual’s perception regarding cancer cervix. The second component is the individual’s perception that is influenced and modified demographic variables threats to the illness etc. The third component is the preventive actions (or) perception of benefits of taking actions.

In this study the first component the women’s knowledge regarding cancer cervix, which the women’s perception regarding cancer cervix, its meaning ,causes, signs
symptoms, diagnosis, screening, treatment prevention and control measures. The second component is the modifying factors which includes:

The demographic variables such as women's age, at menarche, age at marriage, number of children, and the women attitude towards the person with cancer cervix. It could be modified by health education on cancer cervix. The information from various mass medias also contribute towards the modification of attitudes and knowledge towards the disease.

The third component is the likelihood of taking preventive actions, prevents the spread of infection through human papilloma virus-unsafe sex and also create awareness on usage of condoms and screening by pap test, via method, chemotherapy, radiotherapy and surgery and the preventive measures can be obstacle by illiteracy, negligible and low-socio-economic status. Likelihood of taking recommended preventive actions to improve the knowledge and attitude regarding cancer cervix.

A self-instructed module in question regarding meaning, causes, predisposing factors, signs symptoms, screening, diagnosis-treatment. Importance of screening & treatment, prevention & control of cancer cervix was prepared. This health belief model helps women to understand the factors influencing the knowledge and attitude regarding cancer cervix and that will most effectively help the women in maintaining the health status of their family.
CONCEPTUAL FRAME WORK BASED ON ROSENSTOCK AND BECKER HEALTH BELief MODEL
CHAPTER – III

METHODOLOGY

Research methodology indicates the general pattern used to gather valid and reliable data regarding the problem under investigation. It includes research approach, research design, sample, sampling technique, and development of data collection instruments, method of data collection, pilot study and plan for data analysis.

The study aimed at assessing the knowledge and attitude on cancer cervix among women.

Research Approach

The research approach used in this study was quantitative approach.

Research Design

The research design used in this study was Descriptive research design.

Setting

Study was conducted in Kundrathur village comprises of 3250 houses with the population of 1,82,000. It is about 12 kilometer from MIOT college of nursing.

Population

The study population comprised of all women who were residing at Kundrathur village.
Sample

The study sample comprised of women come under the reproductive age group (25-45)

Sample size

The sample consists of 100 women.

Sampling technique

- The Convenient sampling technique was adopted to select the samples for study.

Sample Selection Criteria

Inclusion criteria

- Women who come under the reproductive age group.
- Who were willing to participate in this study
- Who could understand Tamil (or) English.

Exclusion Criteria

- Those who were not willing to participate in this study
- Who could not able to understand Tamil (or) English.

Data Collection Tool
Description of Tool

The tool consists of 3 parts.

Part-1 The instrument consists of the demographic and baseline data interview guide, consisting of 16 items related to demographics and other baseline data.

Part-2 section-A The knowledge related questions regarding cancer cervix it contains 30 questions related to meaning, causes, treatment and follow-up

Scoring Procedure

Each right answer scores one mark and wrong answer does not score any mark. The maximum score was 30 marks.

Adequate knowledge >75%

Moderately adequate knowledge 50-75%

Inadequate knowledge – obtained falls < 50%

Part 3 -section-B Attitude 4 Point likert scale was used to assess the attitude regarding cancer cervix which consists of 20 questions with positive 10 and negative question -10.

- 4 marks Strongly agree
- 3 marks for Agree
- 2 marks for disagree
- 1 marks for strongly disagree
- 0 mark for don’t know
• 4 marks for strongly disagree answer in case of negative statement,

• The positive statement items are 1,3,5,7, 9,11,13,15,17,19,

• The negative statement items are 2,4,6,8,10,12,14,16,18,20

Totally a maximum of 10 marks were given.

To interpret the level attitude the score classified as

>75% highly favorable attitude

50 to 75% moderate attitude

< 50% low attitude

Blue Print on knowledge of Cervical Cancer
<table>
<thead>
<tr>
<th>S.NO.</th>
<th>CONTENTS</th>
<th>ITEMS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Definition &amp; Meaning</td>
<td>1,2,3,4,5</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>Predisposing &amp; Causes</td>
<td>6,7,8,18,19</td>
<td>5</td>
</tr>
<tr>
<td>3.</td>
<td>Signs &amp; Symptoms</td>
<td>10,11,12</td>
<td>3</td>
</tr>
<tr>
<td>4.</td>
<td>Diagnostic Techniques</td>
<td>9,13,14,15,17,25,30</td>
<td>7</td>
</tr>
<tr>
<td>5.</td>
<td>Prevention</td>
<td>16,20,21,22</td>
<td>4</td>
</tr>
<tr>
<td>6.</td>
<td>Treatment</td>
<td>23,24,26,29</td>
<td>4</td>
</tr>
<tr>
<td>7.</td>
<td>Complication</td>
<td>27,28</td>
<td>2</td>
</tr>
</tbody>
</table>

**Validity**

The tool was developed through the review of literature for content validity. The instrument was reviewed in consultation with experts and the opinion of faculty members.

**Reliability**
The reliability of the tool was established by conducting the Pilot study. The reliability of the knowledge questionnaire on cancer cervix was tested by test re test method with \( r = 0.9 \). and the attitude is tested by split half method with \( r = 0.8 \).

**Pilot study**

The pilot study was conducted at Mugalivakkam village with the sample of ten women of reproductive age women and assessed for knowledge and attitude regarding cancer cervix. The result showed that the instrument was reliable and valid.

**Data Collection procedure**

A formal permission was obtained from the principal MIOT College of nursing and Medical officer In charge phc kundrathur village, kancheepuram district, Tamilnadu. The data for the study was collected within the period of 6 weeks. The investigator selected the sample at kundrathur village and good rapport was established with the women. The purpose of the study was explained and verbal consent was obtained. It took 30 minutes for assessing the knowledge and attitude of among women regarding cancer cervix. It took 30 minutes for assessing the knowledge and attitude of among women regarding cancer cervix 20 samples per day and interview method adopted by assessing the level of knowledge by structure questioner and 4 point modified likert scale was used to assess the attitude of women regarding cancer cervix. The interview was conducted in Tamil. Ethical aspect were considered.

**Ethical Consideration**
The pilot and main study were conducted only after approval of the research proposal by the college of nursing and institutional Ethical committee permission was obtained from the concern head of the department to conduct the study. Oral consent was obtained from all the subjects who participate in the study.

CHAPTER - IV

DATA ANALYSIS AND INTERPRETATION
This chapter deals with analysis interpretation of the data collected from 100 women regarding cancer cervix.

The data was organized, tabulated and analyzed according to the objectives. The findings based on descriptive and inferential statistical analysis, presented under the following sections.

**ORGANIZATION OF THE DATA**

Section I  Description of the demographic and personal history variables among women regarding cancer cervix.

Section II  Assessment of Knowledge & attitude score on Cancer Cervix among women.

Section III  Correlation between level of knowledge score and attitude score among women regarding Cancer Cervix.

Section IV  Association the knowledge of cancer cervix with selected demographic variable.

Section V  Association the attitude of cancer cervix with selected demographic variable.

**SECTION – I**

Description of the demographic variables women regarding cancer cervix.

Table 1 Distribution of Demographic Variables among Women
<table>
<thead>
<tr>
<th>Demographic Variables</th>
<th>Women Information No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Bellow 20 yrs</td>
<td>12</td>
<td>12.0</td>
</tr>
<tr>
<td>b) 21 – 30 yrs</td>
<td>35</td>
<td>35.0</td>
</tr>
<tr>
<td>c) 31 - 45 yrs</td>
<td>53</td>
<td>53.0</td>
</tr>
<tr>
<td>2. Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Hindu</td>
<td>84</td>
<td>84.0</td>
</tr>
<tr>
<td>b) Christian</td>
<td>11</td>
<td>11.0</td>
</tr>
<tr>
<td>c) Muslim</td>
<td>5</td>
<td>5.0</td>
</tr>
<tr>
<td>3. Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Illiterate</td>
<td>26</td>
<td>26.0</td>
</tr>
<tr>
<td>b) Primary</td>
<td>31</td>
<td>31.0</td>
</tr>
<tr>
<td>c) Secondary</td>
<td>28</td>
<td>28.0</td>
</tr>
<tr>
<td>d) Hr. Sec</td>
<td>13</td>
<td>13.0</td>
</tr>
<tr>
<td>e) College</td>
<td>2</td>
<td>2.0</td>
</tr>
<tr>
<td>4. Occupation of Husband</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Unemployed</td>
<td>11</td>
<td>11.0</td>
</tr>
<tr>
<td>b) Industrial list</td>
<td>5</td>
<td>5.0</td>
</tr>
<tr>
<td>c) Agriculturist</td>
<td>63</td>
<td>63.0</td>
</tr>
<tr>
<td>d) Business</td>
<td>21</td>
<td>21.0</td>
</tr>
<tr>
<td>5. Occupation of Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) House wife</td>
<td>74</td>
<td>74.0</td>
</tr>
<tr>
<td>b) Unskilled</td>
<td>18</td>
<td>18.0</td>
</tr>
<tr>
<td>c) Agriculturist</td>
<td>2</td>
<td>2.0</td>
</tr>
<tr>
<td>d) Own business</td>
<td>6</td>
<td>6.0</td>
</tr>
<tr>
<td>6. Family Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Rs. &lt; 5000</td>
<td>85</td>
<td>85.0</td>
</tr>
<tr>
<td>b) Rs. 6000 – 15000</td>
<td>14</td>
<td>14.0</td>
</tr>
<tr>
<td>c) Rs. &gt; 15,000</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>7. Type of Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Vegetarian</td>
<td>9</td>
<td>9.0</td>
</tr>
<tr>
<td>b) Non- Veg.</td>
<td>3</td>
<td>3.0</td>
</tr>
<tr>
<td>c) Both</td>
<td>88</td>
<td>88.0</td>
</tr>
<tr>
<td>8. Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Single</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>b) Married</td>
<td>93</td>
<td>93.0</td>
</tr>
<tr>
<td>c) Widow</td>
<td>7</td>
<td>7.0</td>
</tr>
</tbody>
</table>

Table 1 shows that regarding age of the women 53 (53%) were in the age group between 31 – 45 years, education status 31 (31%) had only primary level of education. regarding occupation of the husband 63 (63%) were agriculturist among women,
regarding occupation most of the women 74 (74%) were housewives, and majority of the women 93 (93%) were married and regarding type of food 88 (88%) were both vegetarian and non-vegetarian.

Table 2 Distribution of Personal History among Women

<table>
<thead>
<tr>
<th>Personal History Variables</th>
<th>Personal Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
</tr>
<tr>
<td>1. Age at Menarche</td>
<td></td>
</tr>
<tr>
<td>a) 10 - 12 yrs</td>
<td>16</td>
</tr>
<tr>
<td>b) 12 – 15 yrs</td>
<td>74</td>
</tr>
<tr>
<td>c) Above 15 yrs</td>
<td>10</td>
</tr>
</tbody>
</table>
2. Age at Marriage
   a) Below 20 yrs          54          54.0
   b) 20 – 30 yrs           46          46.0
   c) Above 30 yrs          0           0.0

3. Age of First Delivery
   a) Below 20 yrs          28          28.0
   b) 20 – 25 yrs           61          61.0
   c) Above 25 yrs          11          11.0

4. No. of Children
   a) One                   25          25.0
   b) Two                   55          55.0
   c) Three                 17          17.0
   d) Above three           0           0.0
   e) No Children           3           3.0

5. Contraceptive Used
   a) Oral Pills            3           3.0
   b) Copper T.c            17          16.0
   c) Vaginal condom        2           2.0
   d) None                  78          78.0

6. Years Contraceptive Used
   a) One year              10          10.0
   b) Two years             6           6.0
   c) Three years & above   6           6.0
   d) None                  78          78.0

7. Health Facilities
   a) Govt hospitals        26          26.0
   b) PHC                   53          53.0
   c) Private hospitals     21          21.0
   d) None                  0           0.0

8. Source of Health Information
   a) Newspaper             5           5.0
   b) Television            3           3.0
   c) Family & friends      55          55.0
   d) Health personnel      37          37.0

Table 2 reveals that age at menarche 74 (74%) were at the age group between 12 – 15 years, regarding age at married women 54 (54%) were below 20 years, regarding age at first delivery 61 (61%) were between 20 – 25 years of age, regarding contraceptives users, majority of the women 78 (78%) were non users of contraceptives, except 16
(16%) were copper T users, regarding health facilities majority of the women utilized phc were 53 (53%), and regarding sources of health information about 55 (55%) received information from family and friends.

Section -II

Table 3 Assessment of Knowledge Score on Cancer Cervix among Women

<table>
<thead>
<tr>
<th>Statistics Value</th>
<th>Overall Knowledge Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>58.23</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>16.16</td>
</tr>
<tr>
<td>Range</td>
<td>Minimum Knowledge Score</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td></td>
<td>13.33</td>
</tr>
</tbody>
</table>

Table 3 reveals that the mean knowledge score was 58.23 with SD 16.16 and overall range for minimum knowledge Score was 13.33 and maximum knowledge store was 100.00.
Table 4 Assessment of Attitude Score on Cancer Cervix among Women

<table>
<thead>
<tr>
<th>Statistics Value</th>
<th>Overall Attitude Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>70.93</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>15.91</td>
</tr>
<tr>
<td>Range:</td>
<td></td>
</tr>
<tr>
<td>Minimum Attitude Score</td>
<td>32.50</td>
</tr>
<tr>
<td>Maximum Attitude Score</td>
<td>96.25</td>
</tr>
</tbody>
</table>

Table 4 reveals that the overall mean attitude score was 70.93 with SD 15.91 and overall range for minimum Attitude store was 32.50 and maximum Attitude Score was 96.25.
Figure 1 reveals that level of knowledge on Cancer Cervix among women had adequate knowledge, majority 58 (58%) women had moderate knowledge, 29 (29%) women had inadequate knowledge.
Fig 2 reveals that level of attitude regarding Cancer Cervix, 31 (31%) women had high attitude, 46 (46%) women had moderate attitude and 23 (23%) low attitude regarding cancer cervix.
SECTION – III

Table 7 Correlation between Knowledge and Attitude on Cancer Cervix among Women

<table>
<thead>
<tr>
<th>Knowledge Score</th>
<th>Attitude Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>r - value</td>
<td>0.498</td>
</tr>
<tr>
<td>P - value</td>
<td>P&lt;0.001</td>
</tr>
</tbody>
</table>

Table 7 reveals that there was Positive Correlation between knowledge and attitude regarding Cancer Cervix among women and the calculated r value was 0.498.
<table>
<thead>
<tr>
<th>Demographic Variables</th>
<th>Inadequate Knowledge (0 - 50%)</th>
<th>Moderately Knowledge (51-75%)</th>
<th>Adequate Knowledge (75-100%)</th>
<th>Chi Square value &amp; P value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>1. Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Below 20 yrs</td>
<td>5</td>
<td>41.7</td>
<td>6</td>
<td>50.0</td>
</tr>
<tr>
<td>b) 21 – 30 yrs</td>
<td>15</td>
<td>42.9</td>
<td>16</td>
<td>45.7</td>
</tr>
<tr>
<td>c) 31 - 45 yrs</td>
<td>17</td>
<td>32.1</td>
<td>28</td>
<td>52.8</td>
</tr>
<tr>
<td>2. Religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Hindu</td>
<td>31</td>
<td>36.9</td>
<td>42</td>
<td>50.0</td>
</tr>
<tr>
<td>b) Christian</td>
<td>5</td>
<td>45.5</td>
<td>4</td>
<td>36.4</td>
</tr>
<tr>
<td>c) Muslim</td>
<td>1</td>
<td>20.0</td>
<td>4</td>
<td>80.0</td>
</tr>
<tr>
<td>3. Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Illiterate</td>
<td>9</td>
<td>34.6</td>
<td>12</td>
<td>46.2</td>
</tr>
<tr>
<td>b) Primary</td>
<td>12</td>
<td>38.7</td>
<td>16</td>
<td>51.6</td>
</tr>
<tr>
<td>c) Secondary</td>
<td>11</td>
<td>39.3</td>
<td>14</td>
<td>50.0</td>
</tr>
<tr>
<td>d) Hr. Sec</td>
<td>5</td>
<td>33.3</td>
<td>8</td>
<td>53.3</td>
</tr>
<tr>
<td>e) College</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Occupation of Husband</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Unemployed</td>
<td>5</td>
<td>45.5</td>
<td>5</td>
<td>45.5</td>
</tr>
<tr>
<td>b) Industrial list</td>
<td>4</td>
<td>80.0</td>
<td>1</td>
<td>20.0</td>
</tr>
<tr>
<td>c) Agriculturist</td>
<td>22</td>
<td>34.9</td>
<td>31</td>
<td>49.2</td>
</tr>
<tr>
<td>d) Business</td>
<td>6</td>
<td>28.6</td>
<td>13</td>
<td>61.9</td>
</tr>
<tr>
<td>5. Occupation of Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) House wife</td>
<td>30</td>
<td>40.5</td>
<td>35</td>
<td>47.3</td>
</tr>
<tr>
<td>b) Unskilled</td>
<td>5</td>
<td>27.8</td>
<td>10</td>
<td>55.6</td>
</tr>
<tr>
<td>c) Agriculturist</td>
<td>1</td>
<td>50.0</td>
<td>1</td>
<td>50.0</td>
</tr>
<tr>
<td>d) Own business</td>
<td>1</td>
<td>16.7</td>
<td>4</td>
<td>66.7</td>
</tr>
<tr>
<td>6. Family Income</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>a) Rs. &lt; 5000</td>
<td>32</td>
<td>37.6</td>
<td>42</td>
<td>49.4</td>
</tr>
<tr>
<td>b) Rs. 6000 – 15000</td>
<td>5</td>
<td>33.3</td>
<td>8</td>
<td>53.3</td>
</tr>
<tr>
<td>7. Type of Food</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Vegetarian</td>
<td>3</td>
<td>33.3</td>
<td>3</td>
<td>33.3</td>
</tr>
<tr>
<td>b) Non- Veg.</td>
<td>2</td>
<td>66.7</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>c) Both</td>
<td>32</td>
<td>36.4</td>
<td>47</td>
<td>53.4</td>
</tr>
<tr>
<td>8. Marital Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Single</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>b) Married</td>
<td>34</td>
<td>36.6</td>
<td>46</td>
<td>49.5</td>
</tr>
</tbody>
</table>
The table reveals there was no significant association of level of knowledge and demographic variables among women regarding cancer cervix at $P > 0.05$ level.
### SECTION –V

**Table 9 Association between Level of Knowledge on Cervix Cancer and Personal History Variables among Women**

<table>
<thead>
<tr>
<th>Personal History Variables</th>
<th>Inadequate Knowledge (0 - 50%)</th>
<th>Moderately Knowledge (51-75%)</th>
<th>Adequate Knowledge (75-100%)</th>
<th>Chi Square value &amp; P value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>1. Age at Menarche</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) 10 - 12 yrs</td>
<td>6</td>
<td>37.5</td>
<td>10</td>
<td>62.5</td>
</tr>
<tr>
<td>b) 12 – 15 yrs</td>
<td>25</td>
<td>33.8</td>
<td>38</td>
<td>51.4</td>
</tr>
<tr>
<td>c) Above 15 yrs</td>
<td>6</td>
<td>60.0</td>
<td>2</td>
<td>20.0</td>
</tr>
<tr>
<td>2. Age at Marriage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Below 20 yrs</td>
<td>21</td>
<td>38.9</td>
<td>29</td>
<td>53.7</td>
</tr>
<tr>
<td>b) 20 – 30 yrs</td>
<td>16</td>
<td>34.8</td>
<td>21</td>
<td>45.7</td>
</tr>
<tr>
<td>3. Age of First Delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Below 20 yrs</td>
<td>10</td>
<td>40.0</td>
<td>11</td>
<td>44.0</td>
</tr>
<tr>
<td>b) 20 – 25 yrs</td>
<td>22</td>
<td>36.1</td>
<td>33</td>
<td>54.1</td>
</tr>
<tr>
<td>c) Above 25 yrs</td>
<td>4</td>
<td>36.4</td>
<td>5</td>
<td>45.5</td>
</tr>
<tr>
<td>4. No. of Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) one</td>
<td>11</td>
<td>44.0</td>
<td>11</td>
<td>44.0</td>
</tr>
<tr>
<td>b) Two</td>
<td>20</td>
<td>36.4</td>
<td>28</td>
<td>50.9</td>
</tr>
<tr>
<td>c) Three</td>
<td>5</td>
<td>29.4</td>
<td>10</td>
<td>58.8</td>
</tr>
<tr>
<td>d) No Children</td>
<td>1</td>
<td>33.3</td>
<td>1</td>
<td>33.3</td>
</tr>
<tr>
<td>5. Contraceptive Used</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Oral Pills</td>
<td>2</td>
<td>66.7</td>
<td>1</td>
<td>33.3</td>
</tr>
<tr>
<td>b) Copper T.</td>
<td>7</td>
<td>41.2</td>
<td>6</td>
<td>35.3</td>
</tr>
<tr>
<td>c) Vaginal condom</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>d) None</td>
<td>28</td>
<td>35.9</td>
<td>43</td>
<td>55.1</td>
</tr>
<tr>
<td>6. Years Contraceptive Used</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) One year</td>
<td>4</td>
<td>40.0</td>
<td>5</td>
<td>50.0</td>
</tr>
<tr>
<td>b) Two years</td>
<td>2</td>
<td>33.3</td>
<td>1</td>
<td>16.7</td>
</tr>
<tr>
<td>c) Three years &amp; above</td>
<td>3</td>
<td>50.0</td>
<td>1</td>
<td>16.7</td>
</tr>
<tr>
<td>d) None</td>
<td>28</td>
<td>35.9</td>
<td>43</td>
<td>55.1</td>
</tr>
<tr>
<td>7. Health Facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Govt hospitals</td>
<td>10</td>
<td>38.5</td>
<td>14</td>
<td>53.8</td>
</tr>
<tr>
<td>b) PHC</td>
<td>21</td>
<td>39.6</td>
<td>24</td>
<td>45.3</td>
</tr>
<tr>
<td>c) Private hospitals</td>
<td>6</td>
<td>28.6</td>
<td>12</td>
<td>57.1</td>
</tr>
<tr>
<td>8. Source of Health Information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
a) Newspaper 3 60.0 1 20.0 1 20.0 $\chi^2 = 8.027$, d.f = 6
b) Television 2 66.7 0 0.0 1 33.3 P=0.236 (N.S)
c) Family & friends 17 30.9 33 60.0 5 9.1
d) Health personnel 15 40.5 16 43.2 6 16.2

Table 9 reveals that there was no significant association between level of knowledge and selected personal history variables like age at menarche, age at first delivery, age at marriage, number of children, health facilities at $P > 0.05$. The other variable like contraceptives used were statistically significant at $P < 0.001$ level and years of contraceptives used was significant at $P < 0.05$ level.
Table 10 Association between Level of Attitude on Cervix Cancer and Demographic Variables among Women

<table>
<thead>
<tr>
<th>Demographic Variables</th>
<th>Moderately Attitude (51-75%)</th>
<th>High Attitude (75-100%)</th>
<th>Chi Square value &amp; P value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>1. Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Bellow 20 yrs</td>
<td>2</td>
<td>16.7</td>
<td>10</td>
</tr>
<tr>
<td>b) 21 – 30 yrs</td>
<td>9</td>
<td>25.7</td>
<td>26</td>
</tr>
<tr>
<td>c) 31 -45 yrs</td>
<td>10</td>
<td>18.9</td>
<td>43</td>
</tr>
<tr>
<td>2. Religion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Hindu</td>
<td>15</td>
<td>17.9</td>
<td>69</td>
</tr>
<tr>
<td>b) Christian</td>
<td>4</td>
<td>36.4</td>
<td>7</td>
</tr>
<tr>
<td>c) Muslim</td>
<td>2</td>
<td>40.0</td>
<td>3</td>
</tr>
<tr>
<td>3. Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Illiterate</td>
<td>5</td>
<td>19.2</td>
<td>21</td>
</tr>
<tr>
<td>b) Primary</td>
<td>4</td>
<td>12.9</td>
<td>27</td>
</tr>
<tr>
<td>c) Secondary</td>
<td>8</td>
<td>28.6</td>
<td>20</td>
</tr>
<tr>
<td>d) Hr. Sec &amp; College</td>
<td>4</td>
<td>26.7</td>
<td>11</td>
</tr>
<tr>
<td>4. Occupation of Husband</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Unemployed</td>
<td>2</td>
<td>18.2</td>
<td>9</td>
</tr>
<tr>
<td>b) Industrial list</td>
<td>2</td>
<td>40.0</td>
<td>3</td>
</tr>
<tr>
<td>c) Agriculturist</td>
<td>7</td>
<td>11.1</td>
<td>56</td>
</tr>
<tr>
<td>d) Business</td>
<td>10</td>
<td>47.6</td>
<td>11</td>
</tr>
<tr>
<td>5. Occupation of Women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) House wife</td>
<td>14</td>
<td>18.9</td>
<td>60</td>
</tr>
<tr>
<td>b) Unskilled</td>
<td>4</td>
<td>22.2</td>
<td>14</td>
</tr>
<tr>
<td>c) Agriculturist</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
</tr>
<tr>
<td>d) Own business</td>
<td>3</td>
<td>50.0</td>
<td>3</td>
</tr>
<tr>
<td>6. Family Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Rs. &lt; 5000</td>
<td>16</td>
<td>18.8</td>
<td>69</td>
</tr>
<tr>
<td>b) Rs. 6000 – 15000</td>
<td>5</td>
<td>33.3</td>
<td>10</td>
</tr>
<tr>
<td>7. Type of Food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Vegetarian</td>
<td>2</td>
<td>22.2</td>
<td>7</td>
</tr>
<tr>
<td>b) Non- Veg.</td>
<td>0</td>
<td>0.0</td>
<td>3</td>
</tr>
<tr>
<td>c) Both</td>
<td>19</td>
<td>21.6</td>
<td>69</td>
</tr>
<tr>
<td>8. Marital Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Single</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>b) Married</td>
<td>19</td>
<td>20.4</td>
<td>74</td>
</tr>
<tr>
<td>c) Widow</td>
<td>2</td>
<td>28.6</td>
<td>5</td>
</tr>
</tbody>
</table>
Table 10 reveals that there was no significant association of level of attitude and demographic variables like age, religion, education, family income, type of food, on cancer cervix at P >0.05level. The other variable like martial status was statistically significant at P< 0.05level.
Table 11 Association between Level of Attitude on Cervix Cancer and Personal History Variables among Women

<table>
<thead>
<tr>
<th>Personal History Variables</th>
<th>Moderately Attitude (51-75%)</th>
<th>High Attitude (75-100%)</th>
<th>Chi Square value &amp; P value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>1. Age at Menarche</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) 10 - 12 yrs</td>
<td>2</td>
<td>12.5</td>
<td>14</td>
</tr>
<tr>
<td>b) 12 – 15 yrs</td>
<td>17</td>
<td>23.0</td>
<td>57</td>
</tr>
<tr>
<td>c) Above 15 yrs</td>
<td>2</td>
<td>20.0</td>
<td>8</td>
</tr>
<tr>
<td>2. Age at Marriage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Below 20 yrs</td>
<td>13</td>
<td>24.1</td>
<td>41</td>
</tr>
<tr>
<td>b) 20 – 30 yrs</td>
<td>8</td>
<td>17.4</td>
<td>38</td>
</tr>
<tr>
<td>3. Age of First Delivery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Below 20 yrs</td>
<td>4</td>
<td>16.0</td>
<td>21</td>
</tr>
<tr>
<td>b) 20 – 25 yrs</td>
<td>15</td>
<td>24.6</td>
<td>46</td>
</tr>
<tr>
<td>c) Above 25 yrs</td>
<td>2</td>
<td>18.2</td>
<td>9</td>
</tr>
<tr>
<td>4. No. of Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) one</td>
<td>5</td>
<td>20.0</td>
<td>20</td>
</tr>
<tr>
<td>b) Two</td>
<td>14</td>
<td>25.5</td>
<td>41</td>
</tr>
<tr>
<td>c) Three</td>
<td>2</td>
<td>11.8</td>
<td>15</td>
</tr>
<tr>
<td>d) No Children</td>
<td>0</td>
<td>0.0</td>
<td>3</td>
</tr>
<tr>
<td>5. Contraceptive Used</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Oral Pills</td>
<td>0</td>
<td>0.0</td>
<td>3</td>
</tr>
<tr>
<td>b) Copper T.c</td>
<td>4</td>
<td>23.5</td>
<td>13</td>
</tr>
<tr>
<td>c) Vaginal condom</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
</tr>
<tr>
<td>d) None</td>
<td>17</td>
<td>21.8</td>
<td>61</td>
</tr>
<tr>
<td>6. Years Contraceptive Used</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) One year</td>
<td>1</td>
<td>10.0</td>
<td>9</td>
</tr>
<tr>
<td>b) Two years</td>
<td>2</td>
<td>33.3</td>
<td>4</td>
</tr>
<tr>
<td>c) Three years &amp; above</td>
<td>1</td>
<td>16.7</td>
<td>5</td>
</tr>
<tr>
<td>d) None</td>
<td>17</td>
<td>21.8</td>
<td>61</td>
</tr>
<tr>
<td>7. Health Facilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Govt hospitals</td>
<td>8</td>
<td>30.8</td>
<td>18</td>
</tr>
<tr>
<td>b) PHC</td>
<td>12</td>
<td>22.6</td>
<td>41</td>
</tr>
<tr>
<td>c) Private hospitals</td>
<td>1</td>
<td>4.8</td>
<td>20</td>
</tr>
<tr>
<td>8. Source of Health Information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) News paper</td>
<td>1</td>
<td>20.0</td>
<td>4</td>
</tr>
<tr>
<td>b) Television</td>
<td>1</td>
<td>33.3</td>
<td>2</td>
</tr>
<tr>
<td>c) Family &amp; friends</td>
<td>11</td>
<td>20.0</td>
<td>44</td>
</tr>
<tr>
<td>d) Health personnel</td>
<td>8</td>
<td>21.6</td>
<td>29</td>
</tr>
</tbody>
</table>
Table 11 reveals that there was no significant association between level of attitude on cancer cervix and selected personal history variable like age at menarche, age at marriage, and sources of health information at $P>0.05$ level but years of contraceptive used was statistically significant at $P<0.05$ level.
CHAPTER – V

Discussion

This Chapter discusses the study to assess the knowledge and attitude regarding cancer cervix among women of reproductive age group and detail the finding of the analysis in relation to the objectives of the study.

The first objective was to assess the knowledge and attitude among the women of reproductive age group.

The analysis on the knowledge in table 5 revealed that the women had 13 (13%) had adequate knowledge, 58 (58%) had moderate level of knowledge 29 (29%) had inadequate knowledge, regarding cancer cervix.

The analysis on the attitude in table 6 revealed that the majority of women had high level of attitude 31(31%) 46 (46%) moderate attitude and 23(23%) low attitude regarding cancer cervix among women.

The above findings was consistent with the women study done by wong.et.al., (2008) In the study explored the attitude and knowledge on cervix cancer among Malaysian women aged 21 to 56 years. Who have never had a papnicolaous screening smear test. The qualitative study conducted among respondents among Malaysian women with 220 students, 134 had knowledge and cervical cancer and sexually active and the study concluded women had awareness but lack of knowledge and attitude on cervical cancer screening due to lack of participation, time and fear of disease. The researcher suggested
that the proper educational programs and screening measures like VIA method and pap smear test will improve the knowledge and attitude on cancer cervix among the women of reproductive age group.

The second objective was to correlate knowledge and attitude of cancer cervix among women of reproductive age group.

The analysis in the table 7 revealed that the calculated r value showed 0.498 that there was a positive correlation between knowledge and attitude P<0.001 level.

The above finding was consistent with the study by yuena et.al- (2008) the study based on knowledge and attitude of nurses on risk factors and symptoms of cervical cancer program such as papanicolaous test the study concluded that early age at first sexual intercourse 56% and multiple sexual partners 71.2%. develop risk factor due to lack of awareness, ignorance, poor knowledge and attitude the investigator suggest that participation in cervical cancer screening program and health education can increase level of knowledge and attitude on cancer cervix among women.

The third objective was to associate knowledge of cancer cervix among women with selected demographic variables.

The analysis in the table 8 revealed that there was a no significant association between knowledge and selected demographic variable like age, religion, education status, family income, marital status at P >0.05 level hence the null hypothesis stated was rejected.

The fourth objective was to associate attitude of cancer cervix among women with selected demographic variable
The analysis in the table 10 revealed that there was no significant association between attitude and selected demographic variables like age, religion, education status, family income at $P > 0.05$ level. Hence the hypothesis was rejected and there is a significant association between attitude with selected demographic variable like marital status. Hence the hypothesis was accepted at $P < 0.05$ level.
CHAPTER – VI
SUMMARY, CONCLUSION, IMPLICATIONS, RECOMMENDATIONS, AND LIMITATION

This Chapter deals with Summary, Conclusion, Implications, Recommendations, and Limitation.

Summary

Cancer Cervix a global Public Health Problem and it is growing as epidemic in both developed and developing countries. It is considered the second most common Cancer among women worldwide affecting disproportionately under served population with an estimated 5,24,000 new cases in 1995 and 10 million global in 2000, WHO estimated that 15 million new cases will be increased in the year 2020 among reproductive age group account for 80% cases the global burden of the disease. To decrease the burden the adoption of unhealthy life styles and risk factors such as a early marriage, early coitus, child bearing and repeated child birth multiple sexual partners use of oral contraceptives. Community health nurse should make awareness on life style modification and risk factors of Cancer Cervix among women to prevent Cancer Cervix complication.

The purpose of the study to assess the knowledge and attitude regarding Cancer Cervix among women of reproductive age group residing at Kundrathur, Chennai.

Objectives of the study

1. To assess the knowledge and attitude of cancer cervix among the women of reproductive age group.
2. To correlate the knowledge and attitude of cancer cervix among the women of reproductive age group.

3. To associate the knowledge of cancer cervix with selected demographic variables.

4. To associate the attitude of cancer cervix with selected demographic variables.

The conceptual framework for the study was based on Rosen Stock Health Belief Model and which provided comprehensive framework for evaluating the study to assess the knowledge and attitude on Cancer Cervix among women.

The Research design in the study was descriptive study. The content validity of the tool was established nursing expert from community nursing one from MBBS Medical Officer, Tondiarpet. Reliability of tool was established by test retest and split half reliability method. The Pilot study was conducted at Mugalivakkam, PHC Chennai.

The main study was conducted with 100 samples regarding cancer cervix in the reproductive age group land above who are residing at Kundrathur Village, Kancheepuram, Chenai, TN.

Hypothesis

- There is no significant association between knowledge and attitude with selected demographic variables.
- There is no significant association between knowledge and attitude with selected personal history variables.
The major finding revealed the distribution of demographic characteristics regarding age of the women 53 (53%) were in the age group between 31 – 45 years, 84 (84%) belonged to Hindu religion, educational status 31 (31%) were in the primary level of education, The occupation of the husband 63 (63%) were mostly agriculturist, and majority of women regarding occupation of the women 74 (74%) were housewives, and the family income less than Rs 5000 were 85 (85%), majority of the women 93 (93%) were married, type of food 88 (88%) were both vegetarian and non-vegetarian.

The distribution of personal history characteristics revealed that among women regarding age at menarche 74 (74%) were in the age group between 12 – 15 years, married women 54 (54%) were below 20 years, age at first delivery 61 (61%) were between 20 – 25 years of age, number of children women 55 (55%) were having more than two children, contraceptives users. majority of the women 78 (78%) were non-users of contraceptives, years of users of contraceptives, non-users were 78 (78%), health facilities utilized by women 53 (53%) in PHC, sources of health information about 55 (55%) received information from family and friends, and 37 (37%) received the health information from health personnel it was also noted that overall knowledge score was 58.23 with SD 16.16 and the level of knowledge on cancer cervix among women, 13 (13%) women had adequate knowledge regarding cancer cervix majority 58 (58%) women had moderate knowledge, 29 (29%) women had inadequate knowledge regarding cancer cervix it is also noted that overall attitude score was 70.93 with SD 15.91 and the level of attitude on cancer cervix among women, majority 31 (31%) women had high attitude, 46 (46%) women had moderate attitude and 23 (23%)
low attitude regarding cancer cervix and the study concluded that there is no significant association between demographic variables like age, religion, education, status, with level of knowledge and attitude regarding cancer cervix among women of reproductive age group with the p value >0.05 level hence the hypothesis H1. was rejected and other variable like marital status that there is a significant association between attitude regarding cancer cervix among women of reproductive age group at p< 0.05 level. Hence the hypothesis was accepted and it also concluded that there was no significant association between personal history variable like age at menarche, age at marriage, age at first delivery, number of children, health facilities and sources of health information at p > 0.05 level hence the hypothesis H2 was rejected the other variable like contraceptive used was significant at P < 0.01 level and years of contraceptive used was at P< 0.05 level hence the hypothesis was accepted.

Conclusion

The findings of the study revealed that there was a significant improvement in the level of knowledge and attitude regarding cancer cervix among women of reproductive age group. Hence the community health nurse should create awareness, motivation and proper participation in education campaigns and screening measures like pap smear test and VIA method can improve the knowledge and attitude regarding cancer cervix among women reproductive of age group.
Limitation

The investigator found difficulty during data collections by convincing the samples since the topic based on delicate organs so the samples hesitated to answer the questionnaire and also in a hurry mood to complete the procedure and do their house hold work.

Implications

The investigator had derived from the study the following implications which are of a vital concern in the field of nursing service, nursing administration, nursing education and nursing research.

Nursing Service

The community health nurse is playing a vital role in community to create awareness and to improve the health status of the rural community who were unsaved and underserved to improve their health status to change the improvement of knowledge regarding cancer cervix, causes, factors, prevention, treatment, follow up and complication of the disease condition. The community health nurse conducts mass health education to all detected - women cervical cancer and high risk of cancer cervix population on the attitude of cancer cervix and she should motivate on prevention and complications of cancer cervix. The knowledge should focus on diagnosis, treatment and prevention regarding cancer cervix among women.

Nursing Education

The community health nurse as a nurse educator in corporate the major study finding in nursing curriculum at all level in order to well equip the students to address the
inadequate knowledge and negative attitude perceived health related behavior among healthy women and unhealthy women. More emphasis should be focused on non-communicable disease and its prevention. The health personnel such as the multipurpose health worker and auxiliary nurse midwives need to be insisted on screening method in their syllabus since the number of deaths cancer cervix is more in India.

**Nursing Administration**

The community health nurse administrator should collaborate with governing bodies to create policies, building up and mobilizing resource, creating coalition with non-governmental organizations in order to create knowledge and attitude regarding cancer cervix among women and prevention, screening methods, treatment of cancer cervix through non-formal teaching program. Nursing administrator along with governing bodies formulate screening programs to focus on cancer cervix among women population.

**Nursing Research**

The findings of the study can be disseminated to community health nursing nurse practitioners and the student nurses through internet, journals, literature, etc. The findings of the study will help the professional nurse and nursing students to gain the knowledge and attitude regarding cancer cervix among women and its importance to the community. The generalization of the study result can be made by further replication of the study in various settings and larger population.
Recommendations

This study gives strong recommendation to member of the community among women population regarding cancer cervix to prevent further complication and to involve actively the cancer cervix screening programs conducted by governmental and non governmental organizations to create knowledge and attitude regarding cancer cervix among women which helps to prevent cancer cervix complications

The study recommends the following for further research:

1) A similar study can be replicated with a larger samples size.
2) A comparative study can be conducted between urban and rural population
3) A prospective study can be conducted to see the effect of formal teaching program of cancer cervix in various settings
4) A qualitative study can be carried to understand the knowledge and attitude of people with cancer cervix among women the mass health education
5) A longitudinal study to be conducted for the effect of education regarding cancer cervix among women population
References


Bredley J. et al (2006) Women's Perspectives on Cervical Cancer Screening and treatment in developing countries women's health (43(13) 103-121

Buletin (2005) World Health Organization 64(5) on SEER Pg no 121-126


Duggal, obra Kme Band Caswell etal (2005) Information given to women International Journal on Gynecological Cancer 15(2) Pg no 267-272


DHO. B. Shirley., (2004) *Oncology Nursing* Toronto Mosby Publisher, Mosby


Gupta J.P., etal (2005), *Textbook of Preventive Medicine* New Delhi Jay Pee Brothers


Kulkarni A.P., (2002), *Textbook of Community Health Nursing* 2nd edition; Bangalore, Jay Pee Brothers

Lobiono W. G and Haber., (2006), Nursing Research-Methods and critical appraisal for evidence based practice 6th edition USA Mosby


MeenuAnand (2005), Women's Reproductive Health Dismal Reality Social Welfare. Pg no 101-105


Polit D and Higler B.P., (1999) *Nursing research principles and methods* J.B Lippincott Philadelphia


Rajendran (2006) Importance of screening prevention of Cancer Cervix Thinamalar ,Pg no 40-41

Ranjitha Biswas (2005) Rural Indian Women face heightened Cancer Cervix Risks Kolkatta , Pg no 36-40

Reich (2005) Early First Intercourse a risk factor of cervical cancer. Internal Journal of community medicine – Austria 16(2) pg no 4-10


Stanhope Maria (2004), Community and public Health Nursing, United States; Mosby Publications


Sunderlal (2009) Textbook of community Medicine, New Delhi CBS Publications

Sue Hall etal (2000) Smoking Cervical Cancer link which is the eye opener for women. Indian Journal of Cancer Cervix 15(3) pg no 10-15


WHO (1994) "Health Promotion of Cervical cancer community attention for health in developing countries". Indian Journal Preventive medicine 10(2) Pg no 7-15

Wesky L. Ruby (1995), Nursing theories and Models, Pennsylvania, Spring House Corporation

http://www.cancer cervix, symptoms prevention treatment dt.10-7-2010 time : 7.30 p.m.
APPENDIX – A

Permission to Conduct Research Study at Kundrathur

From

Mrs. Kanchana, S
M.sc (N) II-Year
MIOT CON
Mugalivakkam
Chennai

To

The Medical Officer Incharge
Primary Health Center
Kundrathur
Chennai

Sub,

Permission to conduct the research study in Primary health center at Kundrathur

Mrs. Kanchana II year M.sc. nursing MIOT CON, Chennai. In partial fulfillment M.sc (N), I have a plan to conduct a study on the topic mentioned below. I assure that I will not interfere with routine activity of your center. Kindly permit me to conduct the study.

A study to assess the knowledge and attitude regarding Cancer Cervix among women of reproductive age residing at Kundrathur – Chennai.

Thanking You

Yours Truly,

[Signature]
APPENDIX

CERTIFICATION FOR ENGLISH EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that dissertation “Knowledge and attitude regarding cancer cervix among the women of reproductive age group residing at Kundrathur, Chennai” done by Mrs. Kanchana S., 2nd year M.Sc., Nursing student of MIOT College of Nursing was edited for English Language appropriateness by Mrs. S. M. Surjeet Varma, M.A., M.Phil., Lecturer in English, Department of Science and Humanities, Madha Engineering College, Kundrathur, Chennai-69.
APPENDIX - B

PART - I

Topic: A study to assess the knowledge and attitude regarding cancer cervix among women of reproductive age residing at Kundrathur - Chennai

Demographic data:-
1. Age in years
   a) Below 20 Years b) 21-30 Years c) 31-45 Years

2. Religion
   a) Hindu b) Christian c) Muslim

3. Education
   a) Illiterate b) Primary up to 5th std c) Secondary Level d) Higher secondary e) Collegiate

4. Occupation of Husband
   a) Unemployed b) Industrialist c) Agriculturalist d) Business

5. Occupation of women
   a) House Wife b) Unskilled c) Agriculturalist d) Own Business

6. Family Income
   a) < 5000 b) 5000 - 15000 c) > 15000

7. Type of food
   a) Vegetarian b) Non - vegetarian c) Both

8. Marital status
   a) Single b) Married c) Widow

Personal History
1. Age of Menarche
   a) 10-12 b) 12-15 Years c) Above 15 Years

2. Age at marriage
   a) Below 20 Years b) 20-30 Years c) Above 30 Years

3. Age at First Delivery

4. No of children
   a) 1 child b) 2 children c) 3 children d) more than 3 children

5. Contraceptives used
   a) Oral Pills b) Copper -T c) Vaginal Condom d) none
7) No of years contraceptives is being used
   a) One year b) Two years c) Three year and above

8) Health facilities within 5 kms
   a) Govt hospital b) PHC c) Private hospital d) none

9) Source of health information
   a) Newspaper b) Television c) Family & Friends d) Health Personnel
SECTION A: Knowledge about Cancer cervix

1. Cancer is a ........................................
   a) Noncommunicable
   b) Malignancy
   c) Communicable disease

2. The meaning of cancer ....................
   a) New growth of cells
   b) Normal growth of cells
   c) Pre-malignant changes

3. The meaning of cancer cervix ..........
   a) An abnormal growth of cancer cells present in the cervix
   b) Normal growth of cells present in the cervix
   c) Scar in the cervix

4. Is cancer silent killer disease?
   a) Yes
   b) No

5. The commonest type of cancer in married women ....
   a) Cancer breast
   b) Cancer cervix
   c) Cancer Ovaries

6. The predisposing factor for Cancer cervix
   a) Early Participation in sexual activity
   b) Early Marriage
   c) Repeated Child birth

7. The Causes of cancer cervix
   a) Prolonged irritation of cervix
   b) Frequent urinary infection
   c) Non hormonal drug stillbirth

8. The risk factor of cancer cervix
   a) Multiple sexual partners
   b) Non smoker
   c) Increased alcoholic Intake
9) The Most effective screening test for cancer cervix
   a) VIA method
   b) Papanicolaou
   c) Cytology (or) Colposcopy

10) The early signs of symptoms of cancer cervix
    a) Bleeding from the cervix
    b) Decreased Vaginal discharge
    c) Low concentration of protein

11) The late signs & symptoms of cancer cervix
    a) Enlargement of cervix and unremitting leg pain
    b) Itching and foul-smelling vaginal discharge
    c) Regular Menstruation

12) Is it possible to detect cancer cervix early and to cure completely?
    a) Yes
    b) No

13) The common and effective investigation in detecting cancer cervix earlier
    a) VIA method
    b) X-ray
    c) Blood test

14) The age group need screening for Ca Cervix
    a) Above 30 yrs
    b) 21-30 yrs
    c) 31-45 yrs

15) The early screening for Ca cervix will reduce
    a) Mortality
    b) Morbidity
    c) Fertility

16) Cervical cancer is a disease
    a) Curable
    b) Preventable
    c) Prophylactic

17) Often Screening for Ca cervix can be done
    a) Six months once
    b) Yearly once
    c) Two years once
18) The food items that may cause cancer cervix:
   a) Vegetables
   b) Green leafy vegetables
   c) Protein
   d) Carbohydrates

19) The agent which is carcinogenic:
   a) Tobacco
   b) Papaya
   c) Micronutrient

20) Vitamin which reduces cancer dysplasia is:
   a) Vitamin B
   b) Vitamin A
   c) Vitamin D
   d) Vitamin C

21) The healthy practices during menstruation are:
   a) Healthy life styles
   b) Proper cleaning after intercourse
   c) Usage of condoms

22) The measures which will prevent cancer cervix are:
   a) Avoiding multiple sexual partner
   b) Safe practice of sexual intercourse
   c) Unhealthy lifestyle

23) Treatment of cancer cervix in early stages is:
   a) Chemotherapy
   b) Papsmear
   c) Radiotherapy

24) Treatment of cancer cervix in late stages:
   a) Radiotherapy
   b) Hysterectomy
   c) Via method

25) The newer technique of screening cancer cervix is:
   a) HPV test
   b) Colposcopy
   c) Papsmear

26) The surgical treatment for cancer cervix is:
   a) Radical Hysterectomy
   b) Total Hysterectomy
   c) Cone Biopsy
27) The complications of cancer cervix if untreated: 
   a) Diarrhoea  b) Spreads all over the body  c) Excessive bleeding, chest pain

28) The side effects of the treatment for the cancer cervix: 
   a) Anaemia  b) Relapse  c) Malformation

29) The effect of surgical treatment for cancer cervix: 
   a) Relapse  b) Death  c) Improvement

30) The prognosis of cancer cervix is: 
   a) 72%  b) 82%  c) 92%
### ATTITUDE SCALE [LIKERT] FOR CANCER CERVIX

#### PART II SECTION B – ATTITUDE QUESTIONNAIRE

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Content</th>
<th>Strongly Agree</th>
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<td>1</td>
<td>Cancer Cervix is curable disease</td>
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<td>Cancer Cervix is noncommunicable disease</td>
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<td>* Cancer Cervix is nonpreventable</td>
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<td>Cancer Cervix is common in female sex workers</td>
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<td>Cancer Cervix is common in sexually active women</td>
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<td>* Cancer Cervix is common in adolescents</td>
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<td>Cancer Cervix is a second leading cancer among women</td>
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<td>Cancer Cervix is caused by human papilloma virus</td>
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<td>9</td>
<td>Cancer Cervix shows signs of bleeding, white discharge and foul smelling</td>
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<td>Cancer Cervix can be screened by VIA method and HPV testing</td>
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<td>11</td>
<td>* Cancer Cervix shows no risk in genital warts</td>
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<td>12</td>
<td>Cancer Cervix highest risk in age group between</td>
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<td>13</td>
<td>Cancer Cervix is more common among low economic status women</td>
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<td>Cancer Cervix can be treated 80 - 90% in first stage cancer</td>
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<td>Cancer Cervix can be treated by chemotherapy in early stage</td>
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<td>Cancer Cervix can be treated by radiotherapy in late stage</td>
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<td>17</td>
<td>HPV testing is the newer technique of Cancer Cervix</td>
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<td>The best screening method is pap smear</td>
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<td>19</td>
<td>Cancer Cervix can be surgically treated by removal of part (Hysterectomy)</td>
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<td>20</td>
<td>Prevention of Cancer Cervix by proper usage of condoms</td>
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<td>1. உயர் விளையாட்டு</td>
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1. பாதுகாப்பு சுற்று
   a) 10-12 மணி விட்டு இது பாதுகாப்பு சுற்றுகள் மற்றும்
2. துணைச் சுற்று சுற்று
   a) 20 மணிக்குள் இது 20-30 மணிக்குள் சுற்று
3. பாதுகாப்பு சுற்றிய சுற்று
4. கூட்டுச்சாட்சியற் சோதனைகள்
   a) முறையிட்டு இது நடைபெறும் கூட்டுச்சாட்சிகள்
   b) நடைபெறும் கூட்டுச்சாட்சிகள்
5. பாதுகாப்பு கல்விகள் ஓரையோராக
   a) கல்விகள் போன்றோராக
   b) கல்விகள் வழங்குமே கூட்டுச் சுற்று
6. கூட்டுச்சாட்சியற் சோதனைகள் உள்ளூர் சுற்றுகள் பாதுகாப்புக்கோடைகள்
   a) 1 மாதம் இது நடைபெறும் கூட்டுச்சாட்சிகள்
   b) நடைபெறும் கல்விகள் வழங்கிகள்
7. காரணிகள் உபகூர்திகள் கிளை நடைகள் கூட்டுச்சாட்சிகள்
   a) நடைபெறும் காரணிகள் உபகூர்திகள்
   b) காரணிகள் உபகூர்திகள்
8. காரணிகள் உபகூர்திகள் உபகூர்திகள்
   a) காரணிகள்
   b) காரணிகள் வழங்கும் வழங்கு கூட்டுச் சுற்று
  c) காரணிகள் உபகூர்திகள்
1. பாதுகாப்பு செயல்பாடு
2. பாதுகாப்பு செயல்பாடு
3. பாதுகாப்பு ஆலோசனை?
4. கிளையில் பதினுரை
5. பாதுகாப்பு பணபதில்ல
6. நூற்றாண்டின் காலம்
7. கீழே பாதுகாப்பு
8. கீழே பாதுகாப்பு
9. கீழே பாதுகாப்பு
10. கீழே பாதுகாப்பு
11. கீழே பாதுகாப்பு
12. கீழே பாதுகாப்பு

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13. இன்றும் பின்வரும் காந்தமையான  எழுதுத்துறை அதிகாரிகளின் நிறுவனங்கள்
அந்தத் தொடர்புக் குழுக்கள் தொடர்பில் பொருள்படுத்தப்படுவதை

14. காந்தமை எழுத்தில் அவாழிப்பெருக்குகள் பொருட்குறிகளின் அறிக்கையுடைய நூற்றாண்டின்
நோக்கு என்று பொருள்படுத்தும் அர்த்தத்தை தரும் இசைகாலநிலை

15. பகுதிகாட்சிக்குமான நோக்கு எழுத்தில் காலநிலைகளுக்கு முன்னிலைப்பெற்று
வெளிப்படையாக உள்ள பொருட்குறிகள்.

16. எழுத்தில் எழுதும் எழுத்துறை அதிகாரிகளின் காலநிலைகளை
அறிக்கையுடைய நூற்றாண்டின் முன்னடைச்செல்வு

17. காந்தமை எழுத்தில் எழுதும் நூற்றாண்டை
அறிக்கையுடைய நூற்றாண்டின் பொருட்குறிகளை

18. எழுத்தில் எழுதும் நூற்றாண்டை
அறிக்கையுடைய நூற்றாண்டின் பொருட்குறிகளை

19. எழுத்தில் எழுதும் நூற்றாண்டை
அறிக்கையுடைய நூற்றாண்டின் பொருட்குறிகளை

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23. எழுத்தில் எழுதும் நூற்றாண்டை
அறிக்கையுடைய நூற்றாண்டை

24. எழுத்தில் எழுதும் நூற்றாண்டை
அறிக்கையுடைய நூற்றாண்டை

25. எழுத்தில் எழுதும் நூற்றாண்டை
அறிக்கையுடைய நூற்றாண்டை

26. எழுத்தில் எழுதும் நூற்றாண்டை
அறிக்கையுடைய நூற்றாண்டை

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27. குறிப்பிட்டு பெறுபவளவு பெறுபவளவு பெறுபவளவு பெறுபவளவு பெறுபவளவு பெறுபவளவு பெறுபவளவு பெறுபவளவு பெறுபவளவு பெறுபவளவு பெறுபவளவு பெறுபவளவு
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30. குறிப்பிட்டு பெறுபவளவு பெறுபவளவு பெறுபவளவு பெறுபவளவு பெறுபவளவு பெறுபவளவு பெறுபவளவு பெறுபவளவு பெறுபவளவு பெறுபவளவு பெறுபவளவு பெறுபவளவு பெறுபவளவு
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